THE
MEDICAL AND SURGICAL REPORTER.

No. 735.] PHILADELPHIA, APRIL 1, 1871. [Vol. XXIV.—No. 13

Original Department.

Lectures.

ON MALIGNANT DISEASE OF THE OVARIES.

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[Delivered March 16, 1871, before the New York Academy of Medicine, the President, Dr. Peaslee, in the chair. Reported in abstract for The Medical and Surgical Reporter.]

The varieties of true cancer of the ovaries are, 1st, Scirrhus; 2d, Medullary; 3d, Scirrhus and Medullary combined; 4th, Arborescent Growths from the Walls of Cyst.

Scirrhus is of slow growth, attaining the size of an orange. It occurs either primary or secondary.

Scirrhus and Medullary occurs either as endogenous or exogenous to the cyst. It is not yet settled whether colloid should be ranked as benign or malignant. Virchow says that it is according to whether it is on a benign or malignant base.

The Arborescent Growths from the Walls of the Cyst grow into the cavity of the peritoneum. Dr. Peaslee removed one of this class 15 or 18 years ago, and it has not returned.

CLINICAL CASES.

CAULIFLOWER DISEASE OF OVARY.

Case 1.—Mary A., æt. 21. Sallow, slightly jaundiced, and excessively emaciated. At the operation a large amount of fluid was found in the cavity of the peritoneum. The ovaries were found to present a cauliflower mass. This was removed. The patient rallied well, but on the seventh day died.

In this case no diagnosis was made previous to the operation.

CANCER OF LEFT OVARY.

Case 2.—Mrs. H., æt. 28. This case was tapped, then injected, but it was found that in tapping the cyst did not collapse. The sixth day after the operation the patient died. The cyst was composed of a papillary growth similating honey comb.

CANCER OF BOTH OVARIES.

Case 3.—Mrs. H., æt. 27. Patient was robust; had been married but for two years. The ascites was very marked. On physical examination a tumor was discovered in the iliac fossa, and the strong suspicion was that the case was malignant. The case was first tapped, much to the relief of the patient; eventually ovariotomy was performed; on the fifth day patient died. The strong suspicion, if not the diagnosis in this case, rested on the rapid development of ascites, with the presence of two hard masses in the iliac fossæ, made very evident after tapping.

MEDULLARY CANCER OF OVARY.

Case 4.—D. K., æt. 24. This patient was pronounced by several gentlemen in the city to have malignant disease, and an operation was disadvised. However, one gynæcologist undertook the case and operated; death resulted in 36 hours. One of the ovaries was found to present cancer of the medullary form.

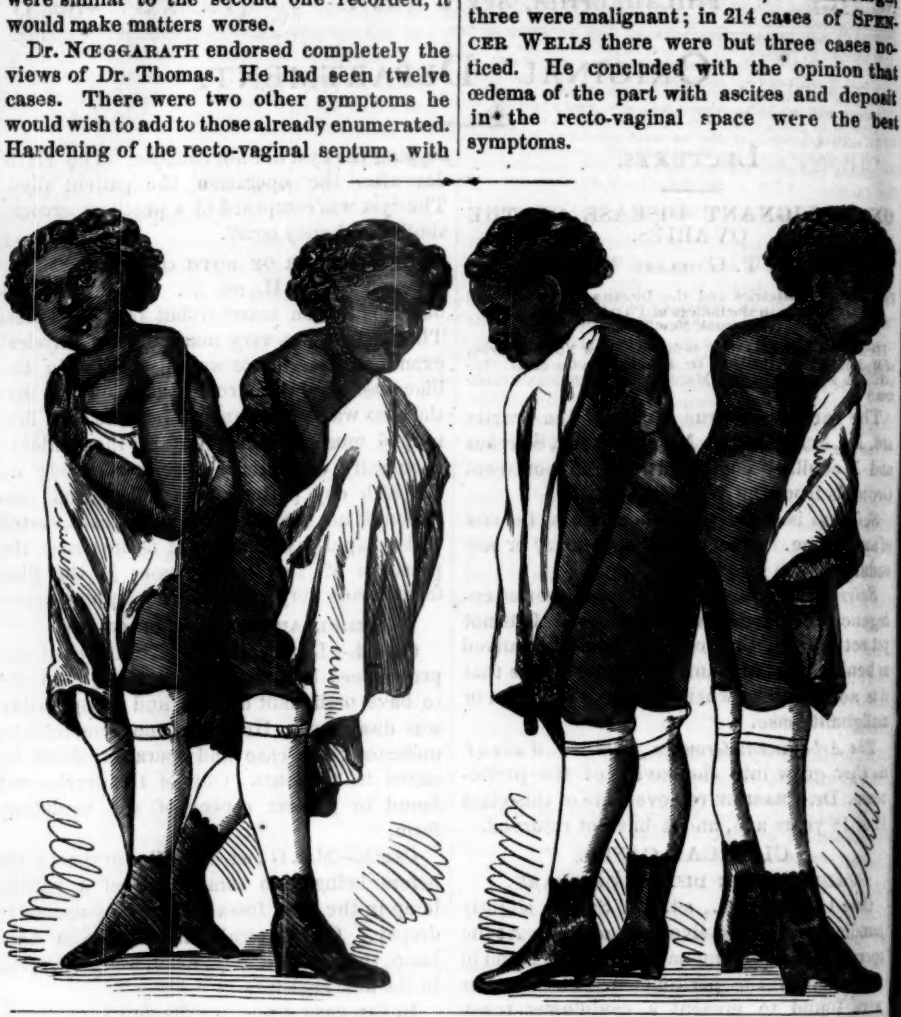
Case 5.—Mrs. G., æt. 48. Five or six months before being seen complained of a painful lump in the iliac fossa followed by excessive dropsy. On physical examination a hard lump, the size of a fœtal head, was discovered in the iliac region.

In this case a positive diagnosis was made, and the patient much relieved by tapping during December. Every month since then, up to the present, this has been had recourse to. The symptoms that will be of most importance in determining this class of cases will be very extensive ascites, with no other lesion to account for it, and together with this

ascites, œdema of the feet. Burning pain over the lower part of the abdomen, marked depression, with anæmia, may usually, though not at all times, be found. A diagnosis may be very much obscured in pregnancy with dropsy; or, in case of fibroid tumor, with cirrhosis of the liver, paracentesis will do much to clear up a diagnosis, but if the case were similar to the second one recorded, it would make matters worse.

Dr. NŒGGARATH endorsed completely the views of Dr. Thomas. He had seen twelve cases. There were two other symptoms he would wish to add to those already enumerated. Hardening of the recto-vaginal septum, with infiltration of the glands of the abdomen and omentum.

The President concurred with Dr. T., and was very much obliged for the paper, inasmuch as he was not aware that any paper had before been written on the subject. He drew attention also to the rarity of the condition. In 105 cases of Dr. KENNETH, of Edinburgh, three were malignant; in 214 cases of SPENCER WELLS there were but three cases noticed. He concluded with the opinion that œdema of the part with ascites and deposit in the recto-vaginal space were the best symptoms.



COMMUNICATIONS.

PYGOPAGUS SYMMETROS.

By RALPH M. TOWNSEND, M. D.,
Of Philadelphia.

A monstrosity, in the shape of twins united by the sacrum and coccyx, is now being presented to the American public; and as physicians in different parts of the country are called upon for opinions concerning it, a complete history of the case is herewith presented.

By exhibitor's license these twins are advertised as one, being spoken of as *she*, and

addressed generally as a unity instead of a duality. These children, named Millie and Christina, are of African parentage, and were born in North Carolina, July, 1851. The *Stethescope*, of July, 1852, contains a short sketch from the pen of the editor, Dr. P. C. GOOCH, in which the mother is described as a very stout negress, 32 years of age, very fat, and of large frame and pelvis. Her labor in this case was brief and easy. The larger child was born first by a stomach presentation, and the second came by the breech. The children were noted as being remarkably sprightly and healthy, perfectly formed, but united at the sacra. The band of union seems to be chiefly cartilaginous, but the sacra are so closely approximated that some suppose there is osseous union of these. Furthermore, "there is but one external organ of generation, though the folds of the skin would seem to make for *each* the labia externa. The clitoris of each is distinct and the meatus urinarious of the one is almost directly opposite to that of the other. There is but one anus and one sphincter ani, but there are many reasons for supposing that the common rectum does not extend higher than half an inch before it bifurcates. When I saw them the elder and larger one was in a tranquil sleep, but it was awakened by the action of the bowels of its sister, who was then laboring under a diarrhœa. When one has an evacuation of the bowels, both strain. It was my opinion that there was a common vagina for a short distance, as in the case of the rectum, but my friend, Prof. C. P. JOHNSON, who has since examined them, is under the impression that the vaginæ are distinct throughout."

Prof. H. V. N. MILLER thus describes them in the *Southern Medical and Surgical Journal*, February, 1854: "The os coccygis of each is bent backward, and continuous with that of the other. The lower third of each sacrum is in like manner joined, forming with the attached muscles and integument a firm band two or three inches in diameter, but so short that the nates of each child are pressed against those of the other. They are thus united back to back, but not exactly parallel; there being a slight inclination to the right side of one and to the left side of the other. In consequence of this obliquity, they lie more comfortably on one side than the other, and from having been from birth constantly laid in this position, their heads are not symmetrical, the bones of the cranium having apparently yielded to the continued pressure in one direction."

In the *American Journal of the Medical Sciences*, July, 1854, these twins are spoken of as having a common anus and vulva. "Both have the desire to go to stool, and discharge their urine and fæces, at the same time. One suffered severely from teething, the other but little. One of them is a larger, stouter child than the other, but not perceptibly more intelligent. Their intellectual operations are as distinct as though no union existed."

In 1855 these twins were exhibited in London, and were there examined by Prof. RAMSBOTHAM, who, in the *London Medical Times and Gazette*, Sep., 1855, records his observations:

"All four of the tuberosities of the ischia appear perfectly distinct. There is but one anus, occupying the position it would naturally do, as regards the coccyx in one of the children, provided that child were separated from its sister. In a corresponding part of the body belonging to the other child, there is a deep, blind depression, such as we see in one variety of imperforate anus, looking very much, when superficially examined, as if it were the termination of another rectum. Within the anus the finger passes into a wide cavity, the common continuation of the two intestina recta; but the place where the two bowels unite in one canal is out of its reach. There are two sets of external organs, at the lowest part of the union of the two bodies—two clitorides, two hymens, and two meati urinarii; but there is no fourchette; for the labia externa of each running backward in relation to each body, behind the sympabis pubis, meets the labia coming from the other, and by their junction produces an appearance of there being only one vulva.

"Each of these conjoined labia is not longer than an ordinary labium of a child of the same age, one inch—and the fossa naricularis, although it contains a double set of external organs, is but little larger than if it belonged to a single child. The genital fissure, instead of commencing anterior to the lower part of the symphysis pubis, begins quite underneath, at some distance behind the symphysis. Each symphysis pubis is naturally formed, and they are separated from each other by a considerable space. The anus is on one side of the

vulva, so that what answers to the perineum, about half an inch in extent, runs laterally to the tips of the coccyx, which is somewhat twisted to one side. There are two vagina and without doubt two uteri. There is reason to believe that although the sacra are united, the caudæ equinæ are separate; for if the external genital organs of the one are touched, the other does not feel it; but the same remark does not apply to their lower extremities. The connection between these African twins bears a great resemblance to that of the Hungarian sisters, who were exhibited in London at the beginning of the last century."

In May, 1866, these twins were on exhibition in Washington, D. C., and were there examined by Prof. C. A. LEE, who reports them as "two negroes, united from the lumbar vertebræ down to the end of the sacrum. There are two heads, two bodies, four arms, four legs, one anus, one vagina, one desire to urinate and one to defecate (simultaneous). Two hearts, one on the left side of the one, and one on the right side of the other girl. They were born of slave parents, in 1851, in Columbia co., N. C. They weighed seventeen pounds at birth. Pain or sensation below the union is felt by both; one can locate its seat, the other cannot, but feels it; could tell, for example, how many times I pinched her sister. They are very active and intelligent, sing well, read, dance and run; never quarrel or disagree. They have menstruated seven months. They have never been sick but once; they had fever and ague, and were taken at the same time. Mother weighs 240 lbs., father 160; both full blooded Africans; mother has had 17 children.

"One of the sisters may have headache, the other may not; one my sleep while the other is awake, etc. They experience hunger and thirst, however, at the same time; appetite good. Height of one, four feet five and a half inches; of the other, four feet six inches. They are united back to back. They have become accustomed to face the same way, so that the outer legs (one right, the other left) are larger, better developed, and stronger than the inner. The feet, of course, are placed quite obliquely when they walk. The larger one can walk and carry the other. They walk well on the outer legs."

During their somewhat lengthy stay in this city, these twins have been under the professional care of Dr. WM. H. PANCOAST, having consulted him, among other things, concerning an abscess, occupying that part of the body of one of the twins before described in this report, as "a deep blind depression, such as we see in one variety of imperforate anus, and looking very much, when superficially examined, as if it were the termination of another rectum." Dr. Pancoast traced this abscess into the bowel, and regarded it as an effort of nature "to open communication." As a result of his private examinations, Dr. Pancoast demonstrated the existence of two bladders with a common partition; two recta with a common anus; but was *unable to discover more than one womb, the same having a very long neck, and communicating with a common vagina.*

On the 8th of March, in company with Drs. Wm. H. Pancoast and Wm. Pepper, I visited these girls at their hotel. One could not fail to be impressed with their politeness and intelligence. Both sing and play upon the piano or guitar. They walk around the room with a curious, crab-like movement, and yet with perfect ease. They appear perfectly contented and happy. A random conversation, both with the girls and with the lady, the latter formerly their owner, who has charge of them, revealed the following points: With one exception, neither was ever sick while the other continued well. At the time referred to, Millie had the diphtheria. One may, however, have slight symptoms, such as pain in the stomach or headache, without the other suffering. They mensturate simultaneously and regular, and there is no more blood on the napkin than is natural for one person.

It was also stated that one never suffered from diarrhœa without the other. This statement only careful observation could disprove; for having but a common outlet to their bowels, and habit having caused them both to strain at stool together, it would be almost impossible for the girls themselves to tell whether one or both were enjoying the occasion. It was not without a certain grim humor, therefore, that we heard the statement, that whenever a cathartic pill was needed for one the other was similarly treated. On being requested, the twins stood erect on all four legs and walked. Then they held up the inner legs, walking on the outer ones; and finally held up the outer legs and walked on the inner ones. But this they did with fear and trembling.

One was told *to will* to lift up the other's leg; but this neither could do. Each, however, possesses perfect motor power over her own limbs. The feeling of each is also as perfect as possible, as far as the individual limbs of each are concerned.

One can *recognize*, but *cannot locate*, external impressions on the other, at any point below the connecting band.

The æsthesiometer placed on the inside of the leg of either Chrissie or Millie, showed the limit of recognition to be about two and a-half inches, which is the normal accuracy of the skin in this locality.

When the poles of a Farradaic current were placed in the hand of one, and on the outside of the opposite leg of the other, both felt it.

Powerful contractions of the perinei muscles result from a current passed from Chrissie's left hand to the external popliteal nerve of Millie's outer leg. Christina also felt the current in her left arm.

When the poles were placed over the external popliteal nerves of both outside legs, powerful contractions of the perinei muscles of both girls were simultaneously produced. Sensation perceived at the point of application and down to the ends of the toes of each. When the poles were applied over the middle of the connecting band and the external popliteal nerve of Millie's outer leg, both feel it. Chrissie feels it in Millie's leg! Millie's muscles contract powerfully.

When the poles were placed over the dorsal region of each, both feel. One pole placed over Chrissie's dorsal region, and the other over the patellar plexus of Millie's outer leg, both feel, and powerful contractions of Millie's thigh muscles result.

From these somewhat indefinite experiments we derive the opinion that the connection between the nervous systems of these girls consists in the inosculation of the sensory terminal branches of their spinal cords; and from the position of their pelvic viscera a blending of the inferior hemorrhoidal; vesical and vaginal plexuses of the sympathetic.

Of their psychical and psychological relations we can be in no doubt, as the power of individual thought and reflection possessed by each brings individual responsibility. Neither reasoning in the light of these investigations and from analogy can we be much in doubt concerning their separate and related anatomy. A distinct circulatory and respiratory system belongs to each. For instance, at one examination, the pulse of Millie was found to be 80, while that of Chrissie was but 68. And finally, as there are two distinct bladders and two recta, it is fair to presume that there are two uteri, either separated by a partition or their cavities coalesced and connecting with a common vagina.

What is more absorbing about this case is its medico-legal relations. For instance, did a man marry both, would he commit bigamy? Did separate men marry either twin, and offspring result, who would be the father and who the mother? How could we define adultery in such a case? etc.

In conclusion, I would thank Dr. Wm. H. Pancost for many privileges granted me in connection with this case, and Dr. F. F. Maury, for allowing the use of photographs from which I have copied the cuts which head this article, especially as the photographs are to be used to illustrate an article, by Dr. Pancoast, on this subject, in the coming number of the *Photographic Review*.

MEDICAL PRACTICE IN VIRGINIA.

By F. Horner, Jr., M. D.,
Of Salem, Va.

MALARIAL FEVERS.

The cycle for the prevalence of intermittent and continued fevers appears to have returned in certain localities which have not suffered from them for several years past. During the late autumn, in the month of October, the physicians of the District of Columbia were called upon to treat many cases of mild intermittents. In a short time the malaria to which it was attributed invaded the higher parts of the city even to Capitol Hill, and to the counties of Virginia near the Potomac river.

By reference to the record of the weather which was reported to the Smithsonian Institute by the able corps of observers in the employ of that institution, there appears to have prevailed, for two years past, unusual extremes of heat during the months of July and August, an excessive amount of wet weather in May and June, and exuberant vegetation, all of which conditions have ever been favorable to the development of malarial disorders. On account of their prevalence in

Washington city, many persons have been obliged to continue the use of quinine during the late winter months.

Intermittent fever has ever been very common in the vicinity of the United States navy-yard there, where the officers and operatives at one time suffered greatly from this cause. In the neighboring country the fever assumed, in some instances, a typhoidal form. In the Piedmont district of Virginia, near Warrenton, a number of persons died after a brief illness from this disease. Impure water, which is chiefly obtained from wells; defective food, in quantity and quality, with the excessive heat and wet weather of the summer, acted as predisposing causes.

The use of the thermometer proved a most valuable aid to determine the prognosis and to mark the crisis in the worst cases. The maximum temperature of 105° was always a sign of danger.

CHRONIC HYSTERIA.

Certain it is that nervous affections have greatly increased within a few years past—an evil to be attributed, perhaps, to the reverses incident to the late war, and to the dissipations of society. In the Southern States delicate females, who had been reared in affluence, have now imposed upon them not only the cares of maternity, but the anxiety incident to poverty. The children of this class exhibit a tendency to scrofula, tuberculosis, and to deformities. The example of hysteria to be noticed occurred in early life to a married lady. At that time her physician, unluckily, did not recognize the existence of malposition of the womb, and the life of his patient, during the period of child-bearing, was truly a slow martyrdom. At that period the attacks of hysteria came on in the spring and summer; now, at advanced age, slight causes will occasion them to recur in the winter season, with symptoms of angina pectoris, syncope and great mental depression. The absence of the pregnant state may account for a reversal of the period of these attacks. Mild purgatives and anodynes, with absolute rest and change of scene, have never failed to afford relief. Opium or hydrate of chloral, both of which induce cerebral and cardiac excitement, prove injurious, and will not be borne in cases of chronic hysteria.

INFANTILE SYPHILIS.

An interesting example of syphilis in the infant has lately occurred in my practice. The mother, a creole, contracted the virus in the early part of the war from a negro, and previous to inoculation had borne three healthy children, now nearly grown. She has since had repeated miscarriages. During her late pregnancy the accident was averted. The infant at birth was shockingly disfigured. The eruption over the face and extremities bore the characteristic copper color. There was extensive ulceration between the thighs and about the nates. This infant has a slight chance to survive, under judicious treatment. At an advanced stage of the affection such patients are apt to lose flesh; the skin becomes dark and shriveled, and presents the appearance of hypertrophy; the lips and gums are fissured, and bleed freely; the countenance is ghastly and shrunken, and, in the majority of cases, the issue is fatal.

The physician can not be too cautious to avoid contracting this loathsome form of disease from his patient. The services of the midwife are indispensable. The treatment has been to put the child on a diet of cow's milk, and to use freely the tepid bath; mucilage and bran dressings to the ulcers, with the internal administration of iron, subnitrate of bismuth, and Dover's powder. The mother takes iodide of potassium and iron, which was preceded by minute doses of mercury.

Hospital Reports.

PHILADELHPIA HOSPITAL.

Surgical Service of JOHN H. BRINTON, M. D., One of the Surgeons to the Philadelphia Hospital; Surgeon to the St. Joseph's Hospital and Lecturer on Operative Surgery in the Jefferson Medical College.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

Wednesday, February 15th.

Urinary Fistula—Perineal Section.

GENTLEMEN: I propose to direct your attention this morning to the consideration of urinary fistula and urinary extravasation, very grave conditions, demanding for their relief prompt and energetic interference on the part of the surgeon.

The patient before you suffers under these troubles, and his case is a most interesting one, in many respects typical of a class. I wish, therefore, to point out its prominent features, and after the necessary operation, shall avail myself of this opportunity to say a few words to you as to the causes, nature and treatment of the malady in question.

As introductory to these remarks let us first inquire into the history of this patient. He is a sailor, an American, æt. 22. About May, 1870, he contracted a gonorrhœa, and at the same time a chancre. These accidents were followed in two or three weeks by a suppurating bubo in the right groin, which opened spontaneously. In the month of October, swelling of both testicles occurred. In November he experienced some difficulty in micturition, which gradually increased until his admission into this hospital, about the end of December. At that time the penis was enlarged, and the perineum was swollen prominent, and painful under pressure. Micturition was accomplished with great difficulty; only a few drops of urine passing at a time. An examination of the urethra revealed the presence of an irritable and almost impassable stricture of great firmness and resistance, just in front of the membraneous urethra.

The general condition of the patient was bad; he was exhausted, irritable and feverish. His pulse was quick and feeble, and his appetite and sleep were greatly interfered with. Suspecting the existence of perineal abscess, the result of the irritation of the stricture, I incised the perineum in its raphe and opened an abscess, which had formed beneath the membraneous urethra. About two drachms of pus escaped, to the patient's great relief, and his urination became at once more free and less painful. On the following day urine commenced to pass through the perineal opening in small quantities, and the amount has gradually increased up to the present time, while that passing by the natural channel has proportionately decreased. In fact, now, scarcely any can be said to flow through the urethra.

From the 8th to the 24th of January this man suffered from a painful orchitis, attacking first one, and subsequently the other testicle. His general condition sympathized with the increasing sources of irritation, and all operative interference was necessarily deferred. In the latter part of January the febrile symptoms were augmented, and a few days since, a tendency to extravasation or infiltration of urine, became manifest. This was met by external incisions, and the track from the perineum up into the bladder was kept open by the occasional introduction of a flexible catheter of good size. In spite, however of these precautions, the urinary extravasation has increased rather than diminished; fresh openings have formed in the periuenm and at the base of the scrotum, and the constitutional disturbance is great. I have, therefore, arrived at the conclusion that the peril to this patient's life can only be averted by a resort to perineal section; the object of which, as you know, is the complete division of the stricture and the restoration of the natural channel—the urethra—for the passage of the urine.

In this case, the conditions for operation are undoubtedly unfavorable, yet, at the same time, it has been decided in consultation that the patient's life will be jeopardized to a less degree by the performance of the operation now, than by its deference. Indeed, in my own judgment, his only chance of life depends upon the immediate division of the urethral stricture and of the distended perineal structures. By the former, all obstacles to the free and natural exit of the urine will be done away with; by the latter, the urinary extravasation, which has already taken place, the stuffing and choking of the perineal tissues, and the burrowing of abscesses, will be relieved and put a stop to.

Our patient is now etherized, and I will examine the conditon of this urethra in your presence. I carry down a sound number eight of English scale, and you see that it will not pass the stricture. I try a much smaller instrument, and am equally unsucessful. Even the point of Mr. SYMES' staff, which you have so often seen used in this arena, fails to find its way through this grasping obstruction. Nor am I more fortunate with this slender whalebone bougie, upon which I so much rely, and which has usually proved so satisfactory in my practice. In short, this stricture appears to be impassable; I do not mean to say that it really is absolutely and impermeable, that I could not, with time and patience, succeed in getting some sort of an instrument through it. But this I mean, that for all practical purposes of operation, for the relief of the patient this morning, now, I must proceed in the supposition that I cannot pass my guiding staff through the urethral obstacle.

What then must I do? See, I carry a large staff, with a deep broad groove upon its convexity, down the urethra, until its point is arrested by and engaged in the stricture. I now have the instrument held firmly by my colleague, Dr. MAURY; I then make a free incision in the median line of the perineum, from the fold of the scrotum backward to within three quarters of an inch of the anus. This incision I deepen until I can feel the point of the staff in the urethra. Placing my left index nail in the groove, I now open the urethra; the point of my knife grates upon the staff as I move it to and fro. Through this opening, which I find is just in front of the bulb, I introduce a long, fine silver probe; and, after some little difficulty and groping, I pass it through the obstruction. Then I carry by its side a grooved director, and push the latter on directly into the bladder—a jet of urine tells me that the cavity of this viscus is reached. I next enter this delicate probe-pointed tenotome in the groove of the director, and cautiously divide the resisting stricture for fully an inch and a quarter. I say that I cautiously divide the stricture, confining my internal incision as much as possible to the ob-

struction and to the urethral walls; for were I to cut too freely, and especially were I to depress unduly the handle of my knife, I would inevitably wound the structure of the bulb. The result would be an unnecessary and, in all probability, a profuse hemorrhage. Having thus freely incised the stricture, you see that I can carry my staff without any trouble whatever directly into the bladder. I now withdraw this instrument, introduce catheter number twelve, and wash out the bladder with a little tepid water; not too much, five or six ounces only. I then take out my catheter, see that the bleeding is checked, and have the patient carried to his bed. As soon as he shall have recovered from the influence of the anæsthetic, I direct one-third of a grain of morphia to be administered hypodermically, and at the same time give him by the mouth five grains of quinine.

The operation which you have just witnessed is the old button-hole operation or perineal section, or external perineal urethrotomy, as it is now the fashion to call it. It differs from what is ordinarily known as Syme's operation in this particular, that in the latter the section of the stricture is made upon the groove of this fine Syme's staff, previously insinuated through the stricture.

With regard to the after treatment of this patient, there is one point to which I would particularly call your attention, and that is, that I do not leave a catheter in the urethra and bladder. Many surgeons direct that after such an operation an instrument should always be allowed to remain *in situ*. My judgment and experience, however is adverse to this course, since I am fully convinced that the presence of an instrument is a fruitful source of irritation and after-trouble. I shall simply in this case allow the urine to trickle away by the external incision, which it will do for the first two or three days, after which time it will commence gradually to pass by the natural channel. At the expiration of four or five days I shall introduce a catheter into the bladder, through the urethra, and shall then withdraw it. This I do to insure the patency of that canal. If the introduction of the instrument promises to prove painful, I shall give my patient a little ether, and this procedure I shall repeat every two or three days. The calibre of the urethra will, I hope, soon be reëstablished, and I trust, and indeed believe, that our patient, despite his present unpromising condition, will march steadily on to a speedy cure. If all goes well, the granulation and cicatrization of the external wound will be accompanied by a closure of the incision in the urethral wall, and the fistula will be cured. In all such cases, however, it is necessary to instruct the patient to make use of the catheter from time to time after his recovery, say weekly, in order to prevent a recurrence of the urethral narrowing; and this course should be pursued for many months.

You have thus, gentlemen, witnessed the plan of operation adopted in the difficult and somewhat complicated case of stricture and perineal fistula which I have brought before you this morning, and I have endeavored very briefly to outline for you its treatment. Let us now, with these matters fresh in our minds, glance for a moment at the causes and characters of urinary fistulæ in general.

What a urinary fistula is I need scarcely attempt to define to you, for you have seen many instances of the affection in this amphitheatre. You know that it is an abnormal canal or communication existing between any part of the urinary apparatus and the external surface. It may communicate internally directly with the bladder, but much more frequently its internal orifice is in or near the membranous urethra. Sir HENRY THOMPSON, to whom this branch of surgery is so much indebted, divides urinary fistulæ into three main groups: *first*, the simple fistulæ, mere canals or channels between the urethra and external surface; *secondly*, fistulæ complicated with induration and inflammation of the surrounding tissues; *thirdly*, fistulæ accompanied by sloughing and loss of urethral substance. To these he adds a fourth variety—that of the rectum. I exhibit to you here a specimen of this last form of disease, taken from a patient whom you have all seen, and who died of exhaustion, a day or two ago, in my ward. Fortunately, this variety of fistula, so intractable under treatment, is of infrequent occurrence.

How and why is it that urinary fistulæ form? If you reflect for a moment upon the nature of stricture, the explanation will readily occur to your minds. Recollect that a tight organic stricture is a firm mechanical obstruction to the egress of the urine, an obstruction which can only be overcome by increased propulsive force upon the part of the bladder. Now, as this increased force really is exerted by the bladder, the strain is felt necessarily at the weakest point of the urethra, its membraneous portion, the most frequent site, too, or organic strictures. Dilation of this portion of the urethra behind the stricture then follows, perhaps ulceration, and eventually an opening through the urethral walls. The urine is then free, and drop by drop works its way to the external surface, in the most favorable and mildest cases forming soon an external opening. The simple fistula is complete.

But perineal fistula, originating indirectly from the same exciting cause, may perhaps be preceded by a perineal abscess, external to the urethral walls. This process is analogous to the formation of anal fistula, from the pressure and corroding effects of an ischio-rectal abscess, as I have described them to you in a preceding lecture. An abscess may occur

in the perineum without the membraneous urethra, produced, perhaps, by the irritation of a stricture, or from some other cause, and, as a secondary result, we may have perforation of the urethral canal. Such, I imagine, was the mode of development of the fistula in the patient just taken from the table. First, the structure exciting the perineal inflammation; and next, the abscess in its turn breaching the urethral defenses. You will from this, I am sure, gentlemen, understand the necessity of treating a perineal abscess promptly. Always open it at the earliest possible moment; give its contents free vent; prevent their burrowing; and perhaps you may spare your patient a loathsome fistula. For remember, that if perforation of the urethra occur, no matter from what cause; in all probability it will be followed by escape of the urine, and percolation of the perineal tissues.

The amount of urine passing by a fistula varies greatly in different cases. Speaking generally, the greater the amount the more grave the affection. Many patients will tell you that they discharge but a small portion of their water, say one-fourth or one-fifth, through the fistula, the rest passing by the urethra. Others will say, that scarcely any urine is voided by the natural channel, that nearly all finds vent through the perineum. This latter statement will lead you to predicate an obstinate obstruction in the urethra, and most likely, too, considerable damage to its walls.

I have thus hastily sketched for you the simple fistula. We come now to Sir Henry's second variety: fistula accompanied by induration, not only of the perineum, but oftentimes of the scrotum, the cord, the groin, and the pubic region. In other words, the urine, instead of making but a single comparatively harmless external opening, has pursued an errant course. It has become extravasated, or infiltrated, and has traveled madly on, irritating and inflaming all the tissues with which it has come in contact, and making for itself many points of egress. These multiple openings I have seen frequently, and there are one or two examples of them now in the house.

One of the worst of these cases I ever met with was that of an English captain of a merchant-vessel many years ago, who had unfortunately contracted a gonorrhœa on the eve of a long voyage around the Cape of Good Hope. Stricture resulted, followed by retention. There was no surgeon on board, and the poor fellow made frantic efforts to relieve himself by passing a wire up the urethra. He succeeded, finally, in the attempt, but unfortunately he at the same time lacerated his urethra, and urinary extravasation occurred. His condition became most deplorable, for, although the extravasation and escape of urine doubtless saved his life, he arrived in port with almost as many perforations in the lower part of his abdomen as you would find in the expanded end of a good sized watering pot, and indeed the simile was borne out at every attempt this poor man made at micturition. And in this condition he continued for fifteen years, sometimes so exhausted and reduced as to be confined to his bed, and at others recruiting sufficiently to gain his livelihood by the sea. He had been under the care of many great surgeons, both in England and France, and his stricture, always treated by gradual dilatation, had, after temporary improvement from time to time, invariably elapsed. Such a case now would, I think, be treated very differently, and, I believe, with a far better result.

I have now under my care a gentleman who, abandoning home and business, sought this city for surgical relief. When I first saw him, he was unable to make water, unless in the stooping posture, and with two basins beneath him to receive the urine, so manifold were its streams and so diverse their range. I have merely mentioned these cases to impress upon your minds the pitiable condition of suffering from this second variety of indurated and multiple fistula.

Urinary fistulæ, accompanied by partial sloughing or destruction of the uretha form a third and graver variety of this affection. For their relief a plastic operation of some sort is often demanded; although not always, for I have seen instances in which the loss of substance was considerable, and yet granulation and cicatrization has taken place as rapidly and perfectly as in the simplest form of the trouble.

Thus far I have referred to the existence of stricture as the most frequent predisposing cause of urinary extravasation and fistula, and this is undoubtedly true. At the same time, I would not have you suppose that it is the only cause, for one or other of these phenomena, or both, may attend any rupture or perforation of the urethra, no matter by what cause produced. It not unfrequently, indeed, happens that mechanical violence, such as a kick or bruise in the perineum, a fall astride a beam, a blow from the pommel of a saddle, or like forces, are efficient agents in the production of the affection I am describing. At present I merely allude to these traumatic urethral lesions, and shall defer to a future lecture their more extended consideration.

Treatment.—Having thus passed briefly in review the nature and mode of formation of urinary perineal fistulæ, let me now add a few words concerning their treatment. The chief indication of the latter I can sum up in a single sentence. It is to reëstablish and maintain the patency of the urethra. Once place this canal in a normal or approximatively normal condition, and the probability is that the abnormal urinary channels, in other words, the fistulæ will heal spontaneously. Even should they

not do so at once, they will yet be found vastly more amenable to surgical treatment than before. Let me then beg of you, in combatting this affection, to bear in mind this great principle, and let me enjoin upon you always to direct your efforts, *first*, to clear the urethra of all obstructions; and, *secondly*, to keep it clear. You understand, I am sure of the nature of these sinuses, that they are kept up by the passage of the urine through them. Let this flow cease, let the urine pass by the natural channel, and the function of the false canal has vanished. It will then gradually contract, and most likely will soon close.

If, therefore, you are dealing with a simple fistula, dependent upon organic stricture, attack this latter. If it is a yielding one, employ gradual dilation by instruments, solid and flexible. If it is firm, resisting, obstinate, and refuses to yield to this course, then divide it by internal incision, or rupture it by Holt's method. You have seen over and over again both of these operarions performed on this table, and you are in a fair position to judge of their value. I am sure that there is no doubt in your minds as to their efficacy. Sometimes one, sometimes the other of these procedures may be the proper one, or perhaps they may be combined. You must be governed in this matter, as you well know, by the character of the stricture, its position, firmness, and elasticity, and its degree of irritability.

I will suppose that you have penetrated and overcome the urethral obstruction. The next thing is to keep it in this condition, and to prevent its re-establishment, by proper instrumentation at proper intervals. Then, as soon as the irritability has sufficiently diminished, you must teach your patient how to draw off his own water. This will often require many lessons and great patience on your part. You will, usually, I think, find that he will succeed best with a moderate sized silver instrument, say number eight or nine, not too short in the curve. See that the catheter has a properly rounded, well polished point. Small, round perforations for the escape of the urine are better than the usual oval eyes, since they are less liable to irritate the sensitive mucous membrane. With such an instrument your patient will soon acquire confidence; and his cure is, as it were, in his own hands. Charge him never to permit one drop of urine to leave his bladder, save through the catheter, and under his own direction. Tell him he must use his instrument whenever he wishes to make water, at night before retiring, and always before going to stool.

In the case of the gentleman to whom I have alluded, I obtained a perfect cure by just this process. Three months ago I cut one stricture and burst another in his urethra. A week later I reintroduced the dilator, and established perfectly the patency of the canal. Then I taught him to draw off his own water, and in a very little while, two or three weeks, the urine ceased to flow by the fistula, the opening in the urethra healed, urination was accomplished naturally and easily, and the patient is now cured. The only difficulty I experienced in this case, was in bringing about the occlusion of the perineal sinuses. This I finally accomplished by the insertion first of wire, and afterwards of thread setons, which were gradually tightened on the perineum until they had cut their way out. The track behind them I freshened with my knife, and it healed nicely and soundly. In similar cases this is the course I advise you to pursue. If necessary, refractory sinuses may be treated by caustics, by a hot knitting needle, or by free incisions. In many cases, however, I think quite as good, if not indeed a better result, may be obtained by means of wire and thread setons adroitly inserted, and brought out as I have recommended.

You will frequently observe that fistulous canals in the perineum evince a proclivity to burrow. Always be on your guard against this tendency. Search carefully, and whenever you detect a rambling sinus or canal of a fistula, slit it up mercilessly on your director, or if it be too deep, cut it out with a seton. Where chronic induration of the integuments exists, get rid of it if you can by the knife; if you cannot take away all, remove as many of the knobs and masses as you can.

Such then is the treatment I advise of urinary perineal fistulæ of simple character; a treatment demanding, for its success, gentleness, adroitness, patience, and often boldness on the part of the surgeon, and implicit obedience on the part of the patient.

But you will sometimes meet with cases, as the one this morning, where the treatment above suggested would prove insufficient. The disorganization of the perineum, the result of urinary infiltration, or burrowing, may have been so great; the impression upon the patient's constitution may have been so decided, as to demand an immediate and positive operative interference.

In such cases, therefore, you can not rest satisfied with mere dilatation, or, indeed, with any operation performed from within the urethra. You must do more; you must make a free division of the perineum and stricture from without. You must resort to some form of perineal section. In your selection of this operation you will, if possible, choose that of Mr. Syme. It is, undoubtedly, the least dangerous, inasmuch as the surgeon cuts upon a staff previously insinuated through the stricture. But should the stricture prove impassable you must not hesitate, but proceed at once to the

performance of the operation I have exhibited to you this morning.

You will thus, I think, gentlemen, by some one of the methods referred to, succeed in treating most of the ordinary cases of urinary perineal fistulæ which may come before you. Exceptional instances may occur which will tax your skill to its utmost. But you must never despair of any case simply because it is an unpromising one. Make your best efforts in its behalf, and you may chance success. Remember that in Surgery, as in War—the greater the odds, the greater the triumph.

[March 28th. The patient upon whom the operation of perineal section was performed, is making a good recovery.—T.]

LONG ISLAND COLLEGE HOSPITAL REPORTS.

Obscure Case of Aneurism of Abdominal Aorta, under Medical Service of Drs. A. Hallett and S. G. Armor.

REPORTED BY A. G. LAWBAUGH, M. D.,

(*House Physician*).

Aneurism.

A. B., male; æt. 38; sailor by occupation, and of former good constitution; was admitted to Long Island College Hospital on the 15th day of December, 1870, giving the following history:

Seven months before admission, and while serving on board a man-of-war, was suddenly seized with a *dull pain in the loins*, which was held to be lumbago. The pain was not entirely confined to the spine and hips, but radiated down the left thigh, following the course of the sciatic nerve.

He was for several months under treatment, with but little alleviation of his sufferings, and at this time, from the obscure nature of his complaint with the accompanying small benefit from treatment, he was suspected of *malingering*, and was again obliged to return to work; but the pain increasing in violence, he was again returned to the hospital, where he remained until discharged on the first of December; at this time he had a remission of a few days from the severe neuralgic pain.

On admission he was pale and exsanguine, with distressed countenance; slight acceleration of pulse; fair appetite; but partial inability to sleep, due however, to some extent at least, to inordinate use of alcohol. The principal, indeed only, seat of excruciating pain was in the left hip, radiating down the thigh on that side, with frequent violent spasms shooting forward in a straight direction from spine to lower portion of abdomen.

There was also great inability to lie on the right side, any attempt bringing on a severe spasm of pain; while in bed he lay in a semi-flexed position. The severity of pain was lessened by external heat; hence, to obtain relief, he would sit with his back close to the register to catch the warm air as it came from the furnace. No relief of any consequence was obtained except from the use of hypodermic anodyne injections, mainly consisting of Magendi', sol. of morph., with a minute portion of atropine; and, strange to say, no great ill effect was experienced from them in the way of constipation, which was, at this time, very slight. After suffering, as before mentioned, for nearly six weeks, he suddenly had a remission of all his painful symptoms, and his appetite, spirits and flesh returned, and his sleep became more sound and refreshing. He left the hospital with the intention of returning to work again, so completely was he free from pain, and regained his spirits.

On the 10th of February, 1871, he again returned to the hospital (having been absent a little over a week), and suffering more excruciating pain than ever; a tumor was now detected on the left side, about the position of the kidney. There was *no pulsation*, no *thrill*, no physical signs whatever of aneurism. It was thought, therefore, to be either an enlarged spleen, or some form of malignant disease affecting the kidney. But on carefully examining the urine (both chemically and microscopically), and critically analysing other physical signs and vital symptoms, nothing could be detected which would lead to a clear diagnosis. His general appearance, the character of the pain, etc., led to suspicion of malignant disease.

The constitution now rapidly gave way; the paroxysms of pain continuing with scarcely any intermission; his bowels very much constipated, due, perhaps, in a great measure, to the large doses of morphia taken (often 3 grs. in 24 hours), to alleviate his extreme sufferings; although, on former occasions, the anodyne did not have the secondary effect of constipation. Occasionally he complained of severe pain, situated, as he described it, between the bowels and spine; and as on deep, firm pressure being made, a tumor could be distinctly felt about the situation of last dorsal vertebræ, disease of mesenteric glands was suspected; still, as he only complained of the pain in this situation a few times, that idea was abandoned. During the last two weeks of his life he was almost entirely confined to his bed, and when he did walk about a little, he did so in a stooping position, with one hand pressing on the lumbar vertebræ, not from any great pain or soreness in that particular spot, but as he said, "for support."

He died on the 23d of February, the disease having ran its course in a little less than ten months. His death was rather sudden, as on the evening of the day before death he felt some remission of pain, and said he felt quite comfortable; in less than 12 hours he was dead—dying suddenly—the night watch being attracted by a sudden convulsive starting of the body just before his last.

Dissection.—Body much emaciated and exsanguinated; countenance perfectly placid. The chest was opened first, and, on severing the cartilages from the ribs, a quantity of serous fluid gushed out of the openings made by the knife on the left side, showing that the pleural cavity had been filled by something. On raising the sternum, upward of three pounds of blood were effused, forming a vast coagulum, which filled the entire left pleural cavity, and crowding the lung back to the vertebral column. The clot and serum were removed, but no ruptured vessel could be discovered; a ragged opening, however, was seen in the diaphragm, near the spinal column, and communicating with the abominal cavity, from which, no doubt, the blood had found its way. On opening the abdomen, the muscles and peritoneum forming the anterior wall were found in their natural state. The intestines, liver, spleen and pancreas were in a healthy condition. The serous membrane covering the lumbar and iliac regions of the left side was seen pushed upward and forward by a large, firm tumor, which had also displaced the stomach and spleen forward and to the right side; the tumor extended over the front of the spine, and a small portion lay on the right side.

The right kidney was found natural in both situation and texture; the left one was pushed considerably forward and upward toward the mesian line, somewhat enlarged, and had undergone partial cystic degeneration. The tumor pressed on the nerves of the left lower extremity, being, no doubt, the cause of the severe pain felt there during life. On examining further, the tumor was found to be the *sac of an aneurism*, filled with coagulated blood, evidently the result of an ancient effusion; it had become brown and fibrous, and was disposed in concentric layers, separable by a little force, but connected by numerous reddish fibrous bands. In this sac were two openings, one at the upper portion, through which the large quantity of blood had escaped into the left pleural cavity; the other communicating with the aorta at its posterior portion, immediately above the cœiac axis, and fully an inch in length, and less in width, being of an oval shape.

There was no perceptible dilation of the aorta from the arch downward; the common iliacs were healthy. The sac was of large size on the left side, and adherent to the diaphragm and ribs; on the right side it was about the size of an orange, and not adherent.

The posterior wall was partially formed by the bodies of the three last dorsal vertebræ, which were deeply eroded, but the corresponding intervertebral cartilages remained unaffected, and formed prominent rings.

The heart and its valves were found perfectly healthy, as well as the lungs and œsophagus.

The case may be of interest to the profession, as showing the occasional obscure nature of aneurismal and abdominal tumors. In this case there were no physical signs present which could have clearly warranted the conclusion that the tumor was an aneurismal sac.

The reader will find similar cases referred to by STOKES, in which the most accomplished diagnosticians failed to recognize the true nature of the difficulty during the life-time of the patient.

MEDICAL SOCIETIES

BALTIMORE MEDICAL ASSOCIATION.

Croup.

[REPORTED BY J. W. P. BATES, M. D.]

Dr. ERICH—Croup may be divided into five classes, viz.: spasmodic, catarrhal, inflammatory, membranous and diphtheritic. These are not varieties of one and the same disease, but separate and distinct affections, and one form will not run into the other. There is no danger of a case of spasmodic croup becoming membranous, and the fear sometimes exhibited that such will be the case is entirely unnecessary. Spasmodic croup is a very simple disease and one frequently seen. It comes on abruptly, creates considerable alarm, is seldom dangerous and requires very simple treatment, an emetic being usually sufficient for its cure. Catarrhal croup, or subacute laryngitis, consists of a slight inflammation of the mucous membrane without the production of false membrane. It commences with a cold during the day, and to this are added the spasmodic symptoms of the first variety. The prognosis is favorable, and emetics are usually sufficient for its treatment.

The inflammatory croup, or laryngitis, consists of submucous infiltration. It is insidious in its approach. In adults, œdema of the glottis is frequently peresent. It may be distingished from the other forms by the absence of diphtheritic exudation in the pharynx, and absence of false membrane in the expectoration. Membranous croup presents inflammation of mucous membrane with spasmodic symptoms and exudation of lymph in the larynx. Auscultation is said to be the best means of diagnosing it; but I have not found much assistance from it. This form is very fatal. In the diphtheritic form we have the constitutional symptoms of diphtheria present, together with extension of the false membrane into the larynx. In the treatment of these last three forms we depend upon emetics, and supporting the strength so as to allow the exudation to be thrown off.

The emetics, most frequently recommended, are alum, turpeth mineral, (gr. ij. to v.), sulph. zinc. and sulph. copper. The first two are to be preferred, as they are less depressing in their effects. In regard to local applications, I have seen good results from a solution of nitrate of silver. Two years ago I attended a child for diphtheria, which was sinking for want of air. For twenty-four hours it had been in this alarming condition, and believing diphtheria to be a constitutional disease, I had long since discarded the use of local applications. Knowing the effect of nitrate of silver, I thought it might relieve the tumefaction. I applied a strong solution (℥ij. aq. ℥j.) to the throat, and it acted almost instantaneously, and the child speedily recovered. I have used it in several cases since, with the same happy results. It is not a specific, however, as it has failed in some instances. It will not remove the false membrane, but relieves the submucous infiltration. One application is usually sufficient. Tinct. iodine might be used for the same purpose. Remedies that act as dissolvents of the false membrane, I think are useless in this disease. The quantity introduced into the air passages is too small to produce any good effect. High temperature is not useful on account of its reducing the strength of the patient. If emetics and local applications fail to give relief, tracheotomy should be performed. Most authors claim that they cure one-third of the cases operated upon. If performed, it is best to use no canula, on account of the granulations produced by it, but to remove an elliptical piece of the trachea and keep the orifice open by suitable hooks.

Dr. Cox.—I had hoped to hear something of the constitutional treatment. Emetics and local applications are the only means referred to. Fever sometimes runs very high, and I would like to know how to combat it.

Dr. Erich.—I shall only refer to two constitutional remedies, viz.: bleeding and mercury. I am opposed to blood-letting. It does not remove the false membrane, and I have seen no good from it. This is a self-limiting disease, and it is necessary to keep up the strength. The use of mercury is doubtful. I use it very cautiously. Most cases have recovered without its use, and all tracheotomists avoid using it.

Dr. Uhler.—I would like to know what are the causes of croup, and whether Dr. Erich has any light to throw on the subject. As for the local applications of nitrate of silver, I have seen none but bad results from them, and consider them worse than useless.

Dr. Hartman.—As regards the first three forms we all agree. The diagnosis between membranous and diphtheritic croup is sometimes quite difficult, and the general symptoms furnish the only reliable means. If the nervous system is depressed it is probably diphtheritic; if not depressed and inflammatory fever be present, it is membranous croup. The treatment in these two forms is much the same. I am accustomed to rely principally on ammonia carbon. of which I give gr. ijss every two hours to a child two years old. After the first 24 hours I alternate it with cupri sulphas. I have in several instances used inhalations of lime, and frequently order lime water as a drink, alone or combined with milk. Lime water will dissolve the false membrane very rapidly. I do not consider carb. ammon. a specific, but since I have been using it I have seen four times as many false membranes expelled as in all my practice before. I use it to support the strength and also as a solvent. So also with cupri sulph. I do not think all of it is thrown off, but that a small portion is absorbed and acts as a tonic. The case is not always cured when the false membrane is thrown off. If difficulty of breathing remain I give tonics, and of these my favorites are quinine and iron. A child recovering from scarlet fever was attacked by croup just as the eruption passed off. For the first eight days I treated it with carb. ammon., sulph. copper, lime water in milk and beef-tea. The membrane was thrown off in pieces. I then gave quinine and iron, and the child entirely recovered.

Dr. Erich—In regard to the causes of croup I know nothing that is not known to the profession generally. I did not recommend the nitrate of silver as a specific, but advise you to use everything before you resort to it; then, rather than let the child die, it is worthy of a trial.

Dr. Williams—I must protest against the routine use of emetics in spasmodic croup. The digestive apparatus of children are very delicate, and this habit of administering emetics in so many diseases is to be condemned. We do not use emetics in the same diseases of adults, because we know that our patients would not submit to them, and I do not think they are any more pleasant to the child than they would be to the adult. It used to be the habit to leave a croup prescription, containing squills, calomel and tartar emetic, which was used by the family whenever the child had any difficulty of breathing. The child got well, but the stomach was damaged. Pure spasmodic croup is not always the result of cold, it is sometimes produced by indigestion, and here an emetic is proper and cures at once, by removing the offending materials Another form comes without cold, and is purely nervous. The child plays until it is put to bed, and about eleven o'clock it is found to have croup. It is not from cold, not indigestion, but is purely nervous. Here an emetic would be barbarous. The true remedy is a nervine, and of these one of the best is veratrum viride.

I do not see the great difficulty in distinguishing membraneous from diphtheritic croup. In the lat-

ter case, there is first diphtheria which extends into the larynx. In true croup the child is hoarse, and gradually the hoarseness increases. It is not the rough sort of hoarseness of simple laryngitis, but is of a different tone. The breathing becomes tubular and the disease may extend into the pharynx. Here is one great point of difference: the true croup extends from the larynx to the pharynx, while diphtheritic croup proceeds from the pharynx to the larynx. We are rarely at a loss for any great length of time.

We are not justified in treating a case of inflammatory action, (as in true croup), as a case in which the strength is broken down. In diphtheritic form I endorse the use of carb. ammonia and other diffusible stimulants. The false membrane is thrown off on account of the tonic effect on the mucous membrane—that is, it stops the exudation, and is one reason why the remedy is so useful. It is not so useful in true croup. Here we have a true, frank, inflammatory condition to deal with, and there are certain conditions in which nothing will save but the lancet. I remember a case of chicken-pox in which true croup appeared. The child grew steadily worse, and one night seemed to be sinking rapidly. Having tried a number of remedies, which afforded no relief, I thought bleeding was the only hope. I used the lancet, and the child went to sleep and slept comfortably. The disease was checked instantly. On the next night the child was again attacked; used four leeches, which afforded relief. After this the child had no further trouble from the croup, but the attack of chicken-pox was renewed and went on regularly. Did not convalesce rapidly.

Dr. Erich.—How do you explain the relief afforded in this case?

Dr. Williams—The bleeding relieves the congestion of the membrane under the false membrane, promotes absorption of effused fluid, and prevents further effusion. No remedy can effect the false membrane, but we can prevent further effusion. Emetics are only useful to throw off a detached membrane. In spasmodic croup the less we do the better. Calomel I so rarely use that I cannot recommend it. I see no indication for its use, because the disease progresses in spite of salivation, and it requires some time to produce the specific effects.

Dr. Hartman—I belong to the older class of physicians. We were taught that calomel, tartar emetic and bleeding were *the* remedies. I did not like any of them. I can cordially indorse the remarks of Dr. Williams on the abuse of emetics.

Dr. NOEL.—Dr. Williams's bleeding and Dr. Erich's nitrate of silver both act by promoting osmotic action, whereby the fluid is removed and allows the false membrane to enlarge, which increased the caliber of the tube. It is not proven that fibrin is a normal constituent of the blood. I deny that fibrin is an exudation, and in this denial I am supported by PAGET, VIRCHOW, and others. Fibrin, mucus and pus are all of local formation. BEALE says fibrin is a product of the nuclei. The germs instead of forming normal membrane, form fibrin, and thus fibrin is the result of devitalized germs, and lowering the vitality of the nuclei tends to produce it. To counteract this formation, we must use remedies that act directly on these germs. Quininia prevents the migration of white blood corpuscles, and if it prevents this, it acts on the nuclei, and may increase their vitality and form healthy epithelium. Ammonia does not defibrinate the blood, but acts in two ways, viz.: a stimulant and an alkali. By virtue of its alkalinity it is an oxidizing agent. In many inflammations great heat is produced by rapid formation of fibrin, and its rapid oxidation and elimination as a soluble urate. If it coagulates on the throat it is croup; if in the lungs, pneumonia; and if in the skin, phlegmon.

[The reporter regrets that he was unable to obtain a full report of Dr. Noel's remarks on fibrinous exudations. Dr. Noel has furnished the Baltimore *Medical Journal* with a full report, and those interested would do well to consult that journal.]

Dr. ARNOLD.—What is the effect of intense cold to the throat?

Dr. Uhler.—It relieves the spasm.

Dr. Erich.—I would like to know when to bleed—when to expect good from it? If there was great tumefaction in Dr. Williams's case I can understand how it afforded relief.

Dr. Williams.—The questions of Dr. Erich are very easy to ask, but quite difficult to answer. There are so many cases in which the treatment is by intuition (and this constitutes the great difference between physicians), that it is impossible to lay down a rule by which any two men can act.

NEW YORK COLLEGE OF PHYSICIANS AND SURGEONS.

Clinic of Prof. T. G. THOMAS.

DISEASES OF WOMEN.

March 8, 1871.

Dr. THOMAS being called away, Dr. BROWN continued the Clinic.

Mural Fibroid.

Mrs. M., æt. 38; six children; patient wore the appearance of one in the last stages of phthisis. For four years has been complaining of much pain during the menstrual epoch, with menorrhagia. She loses about three or four times the proper amount of blood, and when not losing blood, passes yellow matter. Has also much trouble with micturition.

Vaginal examination shows the cervix to be

hardened more than normal; but by conjoined manipulation the uterus is found to be enlarged to the size of a fœtal head. A peculiarity about the case is an artery in the cervix enlarged to about the size of the radial, with a decided aneurismal thrill. The enlargement of the uterus is due to an interstitial or mural fibroid. The case will continue to be as unfavorable as at present till the menopause is reached, after that the prognosis will be very good. Indeed, there are many patients who thus have fibrous tumors and are unconscious of their existence.

Malignant Disease of Vagina and Uterus.

Mrs. S., æt. 36; twelve children. This patient, unlike the last, was in excellent health as far as outward appearances go. Her history was, that two months ago she was delivered of a child at full term; but for months previous noticed a flow of blood from the womb every week; felt also much pain in the womb and in the back. This was so great that she was unable to sleep at night; this pain was of a darting character, and had continued for five or six months.

Early in pregnancy bleeding may occur from threatened abortion, ulceration or abrasion of the cervix or from malignant disease. In the present case, as she went to full term, abortion was excluded, and, from the appearance of the case, malignant disease was not suspected.

But when a vaginal examination was made, the anterior portion of vagina and the whole of the cervix was carcinomatous as far as the internal os. This case and the preceding are of interest, showing that with the most unfavorable appearances the prognosis may be the reverse and *vice versa*.

In the present case the epithelioma has advanced too far to admit of amputation. If anything were done to the growth, it should be the actual cautery.

Dr. Barker was of the opinion that in some of the many cases he had resorted to it a cure was effected; at all events it is the best.

Opiates are to be ordered to relieve pain; ¼ gr. morphia at first, then to be increased as needed. As a disinfectant a solution of carbolic acid is as serviceable as anything else.

Malignant Disease of the Rectum.

Rachel D., æt. 45.; complains of pain in the back, with tenderness. Usually has diarrhœa, but when checked, blood and matter appears in the stools. Has been under treatment for internal piles, and at one time had a portion of them removed. On an examination, a stricture of the rectum is discovered. This is cancerous, and very similar to the previous case.

If the rectum became completely closed, an artificial anus would have to be made. But for the present bougies may be of advantage. For the relief of pain, suppositories of opium and of belladonna will be of advantage. If there is any tendency to constipation, mild purgation must be resorted to, inasmuch as the comfort of the patient depends on it.

NEW YORK PTAHOLOGICAL SOCIETY.

March 8th, 1871.

Dr. A. L. Loomis, President, in the Chair.

Multiple Abscess of Kidney.

Dr. Jacobi presented a specimen of kidney in which abcesses were noticed both in the cortical and medullary portions.

The history of the case was very imperfect, and absolutely amounted to nothing, beyond that there had been general peritonitis.

Perforation of Left Ventricle by Bullet.

Dr. Finnel presented the heart of a man shot last fall. The bullet entered at the fifth intercostal space, passing through the pericardium, perforated the left vertricle, and lodged between the eleventh and twelfth. The pericardium was distended with blood, death occurring in a few moments.

Fibrous Tumor of Scrotum.

Dr. Post presented a tumor, which he had removed from the scrotum, immediately in front of the testicle. It was referred to the Microscopica Committee.

Uterine Growth.

There was presented to the society a mass which was said to have presented at the os, and from it removed without any troublesome symptoms. No definite opinion could be formed of it. Referred to Microscopical Committee.

Absence of Left Kidney.

Dr. Jacobi presented a specimen. The patient had a chill at night, and in the morning was found dead. The interest of the case depended on the fact that there was no left kidney nor ureter. The right ureter was inserted on the left side of the bladder.

Pulmonary Appoplexy.

The President presentented the heart and lungs from a child, which died in 57 hours after birth. The labor had been natural and easy, and for 36 hours the child did well. After this, the color changed, and it was noticed that the child showed signs of pain on being moved. This continued till death.

P. M.—The lungs showed appoplexy; very extensive heart, and other viscera normal.

NEW YORK COUNTY MEDICAL SOCIETY.

March 6th, 1871.

Dr. A. Jacobi, President, in the chair.

Scrofula.

Dr. J. Lewis Smith read a paper before the society on scrofula, giving its history, causes, etc.

The President said that in his opinion scrofula was rather a complication of symptoms than a disease in itself.

Dr. PEASLEE was of the opinion that the word scrofula should be dropped entirely. It can readily be understood that a hyperplasia of the glands, with congestion and softening, may occur without any special diathesis. It is true, certain persons are more liable to it than others, but it is because they are more liable to the irritation that produces it.

Remedies differ entirely with the stage of the disease. The doctor said that after 25 years he did not know what he meant by the word scrofula.

Resolutions were offered by Dr. PETERS in respect to the death of Dr. GEO. T. ELLIOTT.

DR. A. H. SMITH called attention of the Society to a new hospital, under the charge of the Episcopal Sisters of Charity. Drs. WATTS, LEUTE and CARMALT are the physicians.

CLARK COUNTY (ALA.) MEDICAL SOCIETY.

In accordance with a call previously noticed in this journal, a number of physicians met at Grove Hill, on Monday, 27th ult., and elected the following officers:

President.—W. Stump Forwood.

Vice President—B. S. Barnes.

Secretary—Thos. B. Savage.

Treasurer—A. Y. Bettis.

A constitution and by-laws were adopted, and delegates appointed to attend the State Medical Society at its next meeting.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. W. B. CARPENTER recently delivered his ecture, "On the Temperature and Life of the Deep Sea," at the Town Hall, Manchester, and it s reprinted as one of the penny series of "Science Lectures for the People."

The valedictory address of Dr. MOSES GUNN, of the Rush Medical College, Chicago (reprint from the *Chicago Medical Journal*), is an able attack on the views of the origin of life advocated by Huxley and his disciples.

The second edition of Mr. Kolbe's "Description of the Orthopædic Apparatus, employed in the treatment of Deformities and Deficiencies of the Human Body," is a fully illustrated and well printed pamphlet of 57 pages, which will often be found a useful work of reference in mechanical surgery. Furnished by D. W. Kolbe, 15 S. Ninth St., Philadelphia.

FREIHERR LUDWIG VON HOHENBUHEL-HEUFLER has reprinted from the proceedings of the Zoölogical and Botanical Society of Vienna an interesting contribution to botanical history, "Franz Von Mygind, der Freund Jacquins." Mygind was born at Broust, in Jutland, in 1710, and after his education at the University of Copenhagen, and a short stay at St. Petersburg, took up his residence at Vienna, and devoted his attention to botany. He speedily became an intimate friend of Jacquin's, and corresponded with the most eminent scientific men of the day, including Priestley, Sir Joseph Banks, L'Héritier, and Gmelin. He did great service in investigating the flora of Austria, paying the expenses of two Alpine expeditions by Wulfen. He died in 1780.

BOOK NOTICES.

Dr. Dobell's Report on the Progress of Practice and Scientific Medicine in different parts of the World; contributed by numerous and distinguished Coadjutors; Vol. II., for the year 1870. London, Longman, Greene, Reader & Dyer. 1 vol., 8vo., cloth, pp. 607.

We are glad to see that Dr. Dobell has met with sufficient encouragement to continue this important undertaking. The volume before us is an extremely valuable summary of the principal events and discoveries in medical science during the time which it covers. We naturally turn to the section which represents our own country, but regret to find that, owing to circumstances which are explained, and not at all to any deliberate neglect, it is not so well represented as it should be. The abstracts of British and Continental papers are terse, clear and comprehensive, and will be found of great value to those who have not access to the original articles. The endeavor thus to represent the whole science of medicine in one annual volume, deserves to meet with support from the profession, both in this country and abroad.

The Health and Wealth of the City of Wheeling; also, General Remarks on the Natural Resources of West Virginia, by James E. Reeves, M. D.; Second Edition enlarged and illustrated. Baltimore, Md. 1 vol., paper, pp. 158. Price, 60 cents.

The author has made considerable additions to the first edition of his pamphlet, and it now contains, not only a large amount of medical and statistical information about his State and city, but also very many useful, sanitary and hygienic recommendations, which it would benefit the community to understand and observe. We hope the author will continue his labors in this most important department of his profession, and familiarize the people with the essential facts of general hygiene.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 1, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PINK WRAPPER.

We are sending THE REPORTER in *pink wrappers* to subscribers whose subscriptions are not paid in advance. *Verb. sap. sat.*

☞ Remittances will often be received too late to change the wrapper for that week—*e. g.* on mailing days; in that case the change will be made the following week. If it is not done, there is something wrong—write.

THE HEALTH OF SCHOOLS.

The attention given to education in this country is the chief source of our prosperity as a people, and should in every respect be fostered. But we must never fall into the error of supposing that mental culture alone means education. The body as well as the mind needs development, and if the corporeal is neglected, the intellectual suffers.

The excellent report of Dr. NATHAN ALLEN, last year, on physical culture at Amherst College, proves most clearly that not only are health and comfort consulted by muscular training, but that the whole number of hours' study of a class is increased by it. So far from time being wasted, it is saved by being employed in exercise.

This subject has, within the last few weeks, occupied the earnest attention of a number of gentlemen in Boston, and they have taken active measures to have the number of daily hours' study decreased, and Saturday be given as a whole holiday in the Latin school in that city. This is a judicious movement, and we should like to see it go further. Not only ought the hours' study to be limited, but parents and principals should see to it that the school houses are in healthy localities; well ventilated, properly warmed, the drainage perfect, and all the surroundings in first-rate sanitary condition.

It is well known that the educated man is less subject to disease than the uneducated, and that his probability of long life is greater—but he must not pay too dear for his education. He should receive it under the most favorable circumstances. Study is healthful, but precocity is not.

In a late lecture the eminent Dr. B. W. RICHARDSON, of London, took strong grounds against the injurious effects of competitive examinations, especially in children. He cited several instances where the ambition of study, thus stimulated, resulted most disastrously.

Again, the over-crowding of studies is a reprehensible action from every point of view, and to this we are peculiarly prone in this country. We have seen a whole university course paraded in the circular of a female seminary! What does this mean at the best, but either the merest superficiality, or most reckless mental tension?

The sanitary reform of schools should occupy the attention of all who devote themselves to state medicine, as it seems but very partially understood.

COUNTRY PRACTITIONERS.

Referring to our late editorial on this subject (REPORTER, vol. xxiii, p. 522) several correspondents have expressed their gratification at the high estimate we there placed upon these members of our profession. We spoke from an experience which extends over many years, and is derived from correspondence with many thousands of physicians, and we have become more and more impressed with the extensive, practical knowlege of therapeutical resources which is in the possession of rural practitioners. It has always been our object to call this forth, and to make it the common property of the profession.

In turn, it is our ambition to cull from the vast field of medical literature those facts and views which are more especially adapted to acquaint the remote and solitary worker with the constantly increasing means at his hand to heal disease and limit its prevalence. We aim to present him these in a

succinct yet not fragmentary manner, and also to bring him into intellectual communion with the rest of the profession, by keeping him informed of the events which concern medical societies, colleges and individuals.

The interchange of good offices thus becomes mutual, and the benefits of a wider professional intercourse can thus be attained by the most isolated physicians, while its demands and restrictions are avoided. May our endeavors in this respect find as much favor generally as they have from the correspondents above alluded to.

Notes and Comments.

The Commissioner of Pension.

The action of the Commissioner of Pensions in discharging pension examining surgeons, who are homœopaths, has been endorsed by a large number of distinguished men, irrespective of profession or politics.

In an open letter, signed by many such, the points are thus put:

The duty is imposed upon you of selecting such agents as will, in your opinion, most accurately define the condition of every claimant, and so determine the amount of his pension. In making this selection you must necessarily choose such individuals as will most effectually promote the interests both of the Government and of the Pensioners, and secure equal and uniform justice throughout the whole United States.

This end could not be accomplished by organizing Boards belonging to the different "Schools" you mention. The result would be that a pensioner certified by one board would receive the smallest allowance provided by law for a temporary malady, while another pensioner, in precisely the same condition, certified by a board of a different stamp, would receive the largest pension awarded for a permanent and incurable disability. As well might a Commission of Jews, Christians, Turks and Infidels, sit in judgment upon alleged departures from the True Faith

A Legal Definition of a Quack.

Some time ago we quoted a decision of the Court of Appeals of New York to the effect that a homœopath is not necessarily a quack. We will now add that by a decision of the Supreme Court of the same State (*Ex parte Paine*, 1 *Hill*, 665), whoever "offers to practice either homœopathy or allopathy, as his patients may wish, is practically a quack in his profession."

We commend this to the consideration of those numerous doctors who "have studied both *schools*, and find good in both," as they delight in informing their patients.

To a Young Physician.

The following pleasing poem to a young physician is contributed by JOHN G. WHITTIER to the *Golden Age:*

The paths of pain are thine. Go forth
With healing and with hope;
The suffering of a sin-sick earth
Shall give thee ample scope.

Smite down the dragons, fell and strong,
Whose breath is fever fire;
No knight of fable or of song
Encountered foes more dire.
The holiest task by heaven decreed,
An errand all divine,
The burden of our mortal need
To render less, is thine.

No crusade thine for cross or grave,
But for the living man.
Go forth to succor and to save
All that thy skilled hands can.

Before the unveiled mysteries
Of life and death, go stand
With guarded lips and reverent eyes,
And pure of heart and hand.

So shalt thou be with power endued
From him who went about
The Syrian hill-paths, doing good
And casting devils out.

That holy helper liveth yet,
Thy friend and guide to be;
The healer by Genesaret
Shall walk the rounds with thee!

Medical Advertising.

Dr. ALEXANDER (see REPORTER for March 4th, 1871) writes us that he wishes it to be understood that he did not speak in defense of laudatory or vaunting advertising, but merely advocated that "physicians, surgeons, etc., should, in a modest way, announce their occupation and residence through that convenient medium—the newspaper."

As this is universally customary already, and as no one dreams of finding fault with it, our correspondent would seem either to have shifted his ground, or, like Don Quixote with the windmills, to have taken up arms against very imaginary opponents.

The Medical Department of the University of New York.

Each alumnus of this institution is requested to forward his full name and post-office address, with his professional history, including date of graduation, posts of honor and trust held, etc., and also any information which he may possess concerning former classmates who have since died or retired from practice. Chas. Inslee Pardee, M. D., 72 West 35th street, New York.

The object is to complete the register, many of the records having been destroyed by fire.

Sanitary Rules in Small-pox.

Small-pox is just now on the increase in several of our large cities, and hence it is an appropriate moment to call attention to the following rules drawn up by an English sanitary committee, to prevent the spread of this pestilence:

1. The house shall be closed to all intercourse with neighbors, and none of the inmates shall leave the premises without the permission of the medical attendant. 2. Whenever a sheet, towel, handkerchief, or any other article of clothing is removed, it shall at once be put into a tub or bucket of water disinfected with chloride of lime, which will be supplied by the inspector. 3. Regularly every day some chloride of lime shall be sprinkled about the room, and the room shall be swept every morning. 4. Whenever the bed-pan or other utensil is used, a little chloride of lime shall be put into it. 5. Whenever a patient uses a knife, spoon, or fork, it shall afterward be well washed in hot water. 6. If a garden be attached to the premises, a hole shall be dug, and the contents of the bed-pan or other utensil shall be thrown into it, and then sprinkled over with a little mould. 7. Cleanliness is to be observed as much as possible. 8. No neighbor shall be admitted into the house, nor shall any inmate go into a neighbor's house. 9. All orders for nourishment or medicine for the day shall be given to the inspector when he comes round, and he shall direct his assistants to bring them to each house. 10. Ventilate the room twice or thrice a day, when fine, by opening the windows, and leave the patient well covered, to prevent taking a chill.

The True Principle of Life Assurance.

The incorrectness of the present method of life insurance has been commented on several times in our pages. The only true theory is by the classification of risks, as is well shown by Dr. H. G. SUTTON in a lecture which we send out in this number of THE REPORTER. We do not defend his definition of life—that the life of man is the sum of the lives of his constituent cells—but theories apart, it is most manifest that the model plan of insurance is when each applicant is honestly examined and graded according to his constitution. The lecture merits careful perusal.

The Boylston Medical Prize Questons.

The following are the questions proposed for 1872:

1. The Pathology of the Malignant and Semi-Malignant Growths.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of *two hundred dollars.*

2. The Pathology and Treatment of Sunstroke.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of *one hundred and fifty dollars.*

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1872.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communicatson to the President, John Jeffries, M. D., in a legible handwriting, and with the pages properly secured together, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

Testimony of an Expert on Insanity.

We take the following from the *N. Y. Evangelist.* The custom of courts in acquitting criminals on the ground of insanity, although acknowledged to be perfectly sane before and after the crime, has of late years received many sad illustrations, and is also receiving considerable public ventilation at the present time. Dr. ALLEN, of Memphis, Tennessee, was recently employed to testify as an expert in such a case, and among other things testified as follows:

"I have been a practicing physician for nearly thirty years; I have been for ten years Medical Superintendent of the Kentucky Lunatic Asylum, and during that time had over 2,000 crazy people under my charge. I am here as an expert, and before answering questions would like to say that the more I study the subject of insanity the less I understand it; and, if you ask me where it begins, and where it ends, neither I, nor any physician in the world, could tell you; in fact, on occasions like this, lawyers make fools of themselves in trying to make asses of doctors."

The Discoverer of the Principle of Anæsthesia.

Readers of THE REPORTER are aware that for twenty years, while not ignoring the labors of others in the application of anæsthetics in surgical operations, it has consistently advocated, and triumphantly vindicated, the claims of HORACE WELLS, of Hartford, Conn., as the prince discoverer of that principle.

An opportunity is offered, in this number, to the profession of the country to do justice to the

memory of one who rendered so important a service to the medical profession and to mankind. This will be accomplished by signing, and obtaining as many signatures as possible to the inclosed petition, and returning it to this office.

A Cowardly Attack.

Our attention has just been called, by a member of the District Medical Society for the County of Hudson, N. J., to a dastardly and slanderous, personal attack on the senior editor of THE REPORTER, published in the New York *Medical Record*, of March 15th, over the signature of the President and Secretary of that Society.

We have neither time, space, nor physical strength, on account of illness, to give the matter attention this week, and shall reserve whatever we may think it best to say on the subject to a future occasion. One thing is certain, however, that that society, under its present management, is a disgrace to the profession of the county and State, and the sooner it is reorganized the better for all concerned.

☞ Those who may desire to prove the value of THE REPORTER can receive it for three months by forwarding $1.00 to this office.

Portrait of Dr. Lewis A. Sayre.

We had hoped to have a portrait of Dr. SAYRE, of New York, ready for this number, but have been disappointed. We expect it will appear in our next. It will be the first of a series of portraits of Clinical Teachers of this country which we shall publish occasionally.

Advertisements.

Advertisements constitute a very important element in the vigorous conduct of any paper or journal, the income from them furnishing the means for improving the literary character of the work, besides giving important and essential information to their readers.

Our readers have long been familiar with the name of E. FOUGERA in the advertising columns of the REPORTER. Mr. HEYDENRICH, a Philadelphian, has recently been taken into the partnership with Mr. FOUGERA, under the firm name of E. FOUGERA & Co., thus combining in one firm French, New York and Philadelphia pharmacy.

The firm are issuing a series of elegant preparations of tonics and stimulants, with which LIEBIG'S essence of beef is combined, to which we call the attention of our readers.

Elegant Preparations.

CASWELL, HAZARD & Co., of New York, and WILLIAM R. WARNER & Co., of Philadelphia, also advertise in our pages some elegant preparations, which are worthy the attention of the physician, as are also those of H. C. BLAIR'S SONS, of Philadelphia.

HAZARD & CASWELL'S Cod Liver Oil, which is made under the personal supervision of one of the proprietors, is justly celebrated for its purity.

Surgical Instruments.

We would commend to the notice of our readers the establishments of D. W. KOLBE, L. V. HELMBOLD, SNOWDEN & BRO., and H. J. KERR, of this city for surgical instruments, whose quality can be relied upon.

SAMUEL WHITE also advertises surgical and dental instruments, of which the quality can be fully relied upon.

PURCHASERS of drugs and chemicals can rely upon being served with pure articles, by the firms of BULLOCK & CRENSHAW, and CHARLES ELLIS & Co., two of the oldest established firms in the city, and also by WILLIAM R. WARNER & Co.

SHOULD any of our readers desire reliable watches or jewelry, we would recommend Benedict Bros., 619 Broadway, New York. Their establishment is of fifty years' standing and justly renowned, especially for its watches. They will send their goods by express to any part of the country.

We would recommend our Western readers who desire reliable Surgical Instruments to apply to William Autenrieth, of Cincinnati, Ohio. They will find him, in every respect, worthy of their patronage.

In the line of surgical splints, unquestionably, the very best are *Ahl's Adaptable Porous Felt-Splints*, an advertisement of which is found on another page.

For another useful and excellent book, by Dr. NAPHEY, written on a difficult subject, in admirable style, we refer to the advertisement of J. G. FERGUS & Co.

Correspondence.

DOMESTIC.

The Treatment of Fractures.

EDS. MED. AND SURG. REPORTER:

The statement by Prof. LEWIS A. SAYRE, of New York, in THE REPORTER for February 27th, 1871, in reference to the value of *Ahl's Porous Fel Splints* in fractures and diseases of the joints leads me to give my experience with them.

It is now three years since I bought a set. The first case to which I applied them was in an oblique fracture of lower third of tibia, with partial dislocation. I had used carved wooden splints, and was not able to keep the fracture in perfect apposition, the oblique part tilting. The patient suffered intolerable pain, and was very uncomfortable. I had his limb in a fracture-box also. It was in this situation several days, when I purchased *Ahl's Porous Felt Splints*, and I immediately applied the anterior tibia splint, with the posterior fibula splint, and must confess with perfect success, relieving the patient of all pain, and allowing him to change his position from his back to any side. They were so much more comfortable that the patient expressed a decided preference for them. They retained the parts in perfect apposition, and obviated the tilting.

The next spring I suffered in my own person a compound fracture of the lower third of the tibia and fibula, near the ankle joint, by a load of stone falling upon the limb. Dr. L. M. WHITING, of this city, applied the Porous Felt Splints, and the bones united with surprising rapidity. The lightness, the perfect fit, and the coolness and comfort of the splints were most agreeable to me, and I know whereof I speak. I can truly say that I suffered almost no pain after they were applied. Since then I have had occasion to use them several times, and always with satisfaction.

A little girl, in the country last summer, fell from a wagon, a wheel of which ran over her arm, fracturing and comminuting the humerus near the elbow joint. I applied the elbow splint, and opposite the point of comminution I cut a hole and bandaged around it, and allowed it to remain four weeks without removing it, when the bone was found to be perfectly united, with no deformity. I could dress the comminuted part every day, and consequently did not disturb the continuity, and was able, on account of the elasticity of the splint, to use passive motion at the proper time, and thereby preserve the integrity of the joint, and prevent anchylosis. But little pain was suffered.

The *perfect fit* of these splint is their greatest merit; one part of a broken limb is not unduly compressed, consequently less pain is felt, and no ulcers are produced. They have given such entire satisfaction to me that I do not see how I could do without them. I commend their use to the profession.

JOS. H. ESTEP, M. D.

Canton, Ohio, March 4, 1871.

FOREIGN.

American Surgery in Paris—Letter from Dr. John Swinburne.

[We present the following extracts from a letter of Dr. JOHN SWINBURNE, dated Paris, Feb. 27th, 1871, addressed to Dr. WM. BAILEY, of Albany. Dr. Swinburne has been in Paris during the siege, attached to the American Ambulance Corps.—EDS.]

* * * We have had the good luck to treat three cases of compound fracture of the thigh, and all recovered with good limbs. We have here almost the only surviving amputation of the thigh in Paris. I understand the success outside of Paris has been bad. The result of these three cases of compound fracture of the thigh more than compensates me for all the deprivations, trouble, and time spent here during the siege.

Of the first sixty-two soldiers received into the ambulance only two died, and the immediate cause of their death was tetanus. Four of the above number were amputated through the thigh for wounds in the knee joint. Two compound fractures of the thigh, one of the neck, and one of the middle of the shaft, have been successfully treated by conservation, and are now well, walking with crutches, and with straight limbs. One compound fracture of the tibea, just below the joint, recovered finely, but owing to some unfortunate accident, by which he seriously injured the thigh, he subsequently died. Also, two compound fractures of the wrist and two of the ankle joint recovered with useful limbs. Two compound and comminuted fractures of the scapula recovered. Also a number of compound fractures of the forearm, fibula, feet, hands, besides one resection of the shoulder joint, in a soldier who was suffering from a large pleuritic effusion. * * * * *

JOHN SWINBURNE, M. D.

NEWS AND MISCELLANY.

Medical Society of the County of Berks, Reading, Penna.

The committee appointed at the last stated meeting of the "Medical Society of the county of Berks," held January 3, 1871, to protect its interests and to secure the approval of its constitution and by-laws, by the Board of Censors of the State Medical Society, beg leave respectfully to report:

That agreeably to a notice duly received they appeared before the Censors at a special meeting of that body, held in Philadelphia, the first day of February last, and presented the claims of the "Medical Society of the County of Berks" to recognition by the Medical Society of the State of Pennsylvania, as the only proper representation of the profession in this county.

The opponents of our organization were also present, and were ably represented in the persons of DRS. MARTIN LUTHER, FRANK REISER, M. ALBERT RHOADS and J. S. HERBINE. After a fair and impartial hearing of both parties by the

Censors, we have the gratification to announce that our Constitution and By-Laws have been returned with the *unanimous* approval of the Board.

Whether we consider the high character of the gentlemen composing this Board, the discreditable acts necessitating the disbanding of the old society, or the professional interests involved in the proper solution of this question, it is but just to say that no other result could have been reasonably anticipated and we rejoice now, not because of any local or personal triumph we may have gained, but in the fact that the honor and dignity of the profession have been maintained in the issue of this cause, whilst it has been clearly shown that a determination to do right regardless of consequences, is sure, in the end, to be properly rewarded.

(Signed), S. L. KURTZ,
D. A. URICH,
JOHN B. BROOKE,
EDW. WALLACE,
Committee.

At a stated meeting of the Medical Society of the County of Berks, held in Reading, Pa., on the 7th inst., the above report was accepted, ordered to be published in the *Gynæcological Journal*, of Boston, and THE MEDICAL AND SURGICAL REPORTER, of Philadelphia, and the committee discharged.

JOHN B. BROOKE, M. D., Cor. Sec'y
Med. Society of the County of Berks.

American Medical Association.

ARRANGEMENTS FOR THE MEETING ON TUESDAY, MAY 2, AT SAN FRANCISCO, CAL.

Union and Central Pacific Railroad: From Omaha to San Francisco and return, $125. Tickets good for 60 days, and sold *only* to holders of certificate from Permanent Secretary. This includes the wives and families of ALL who desire to participate in this excursion. Each person must be named in the certificate.

From Harrisburg to Omaha and return, $49. From Philadelphia, $53.20.

Tickets sold *only* to holders of certificates as above.

To Omaha, from Cincinnati, Louisville, Nashville, one fare for the round trip. From Washington, $59.30.

Local arrangements have been made with other roads; hence application should be made at starting for *excursion* tickets.

Time.—From Omaha to San Francisco, nearly 4 days; To Omaha from Boston, 64 hours; New York, 62 hours; Philadelphia, 58 hours; Washington, 60 hours; Chicago, 22 hours.

Meals—at convenient points, and good, 75 cents to $1.00.

Sleeping Cars.—Each double berth, Omaha to Ogden, $8; Ogden to San Francisco, $6.

Passengers will be taken by the Pacific Mail Steamship line, *via.* Panama, at one-third less fare, either way. Tickets sold *only* to holders of certificates.

Those desiring certificates should apply immediately, inclosing *stamp*.

WM. B. ATKINSON, M. D., Perm't. Sec.,
No. 1400 Pine st., Philadelphia.

N. B. It is suggested that as many as possible should be at Omaha by April 26th or 27th, at the latest, reaching San Francisco the day before the meeting.

Philadelphia, March 24, 1871.

QUERIES AND REPLIES.

Dr. J. M. C., Fla.—The price of Thomas on Diseases of Women, bound in leather, is $6.

Dr. J. H., of N. J.—Williams on Diseases of the Eye, and Toynbee on Diseases of the Ear, are sound and practical works.

Prize Questions.

Dr. J. C. C.—Your inquiry is answered on another page.

Bromide of Potassium and Opium.

Dr. J. W. J., of Ind.—"Are you aware that bromide of potassium is an antidote for opium and its preparations? I have seen nothing of the kind in the journals, nor is it mentioned in the Dispensatory, but I have used it as such and find it sure, quick and effectual."

REPLY.—We have never heard that bromide of potassium is an *antidote* to opium, but we are aware that it is given with great advantage to destroy the unpleasant after effects of therapeutical doses of this drug.

Dr. W. S. L., of Fla.—The cost of a pocket case of instruments necessary for ordinary purposes, compact and of the best make, is $20.

Hydrate of Chloral.

Several Inquirers.—The *poisonous* dose of hydrate of chloral is stated by Dr. RICHARDSON, of London, to be, for an adult man, 180 grains; 120 grains is the largest he ever saw taken, and the consequence was profound and alarming coma. In delicate women and peculiar idiosnycracies the poisonous dose is much less. A drachm is not a safe quantity to give, even to an adult. We think, from our own experience, that children can withstand a proportionately larger dose of chloral than of opium.

MARRIED.

RISLEY—THOMPSON—At the residence of the bride's father, Tuckerton, N. J., March 2d, by the Rev. J. H. Payran, S. D. Risley, M. D., of Philadelphia, and Miss Emma, daughter of J. D. Thompson, Esq.

SMITH—DAWSON—In Philadelphia, March 21st, by the Rev H. A. Cleveland, John M. Smith, M. D., and Miss Mary J. Dawson, all of Kent county, Delaware.

WHISTLER—BRANDON—March 16th, in the Presbyterian Church, of Newville, Pa., by the Rev. E. Erskine, D. D., J. M. Whistler, M. D., of New Kington, Pa., and Miss Anna E. Brandon, of Newville, Pa.

DIED.

ELLIGER—In this city, March 21st, Dr. Arthur I. Elliger, in the 26th year of his age.

STIGER—At Mendham, N. J., March 17th, Madge, youngest daughter of Dr. John S. Stiger.

STITES—March 19th, Elizabeth M., widow of Townsend Stites, United States Navy, and daughter of the late Dr. Harvey Klapp. Buried from this city.

TALIAFERRO—Dr. W. T. Taliaferro, one of the oldest physicians of Cincinnati, died March 22d, in that city, aged 76 years.

[Dr. Taliaferro was the last survivor, we believe, of the battle of Lake Erie. He has for many years been a subscriber to the MEDICAL AND SURGICAL REPORTER, and frequently contributed to its pages.]

WRIGHT—At North Canaan, Conn., Mary, wife of A. A. Wright, M. D., and widow of the late Samuel Beach, M. D., of Bridgeport.